



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 – FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 – TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

GAMING REPRESENTATIVE

FEE: \$239.00

Type of Application: ☐ Manufacturer's Rep. (23) ☐ Distributor's Rep. (22)
☐ Service Supplier's Rep. (63) ☐ Linked Bingo Prize Provider's Rep. (64)

** SPECIAL INSTRUCTIONS **

- You must complete the entire application and provide all attachments.
- Write N/A if not applicable. Please type or print all answers. Do not use pencil.
- If needed, attach additional documents or explanation sheets.
- Make check payable to: **Washington State Gambling Commission.**

APPLICANT INFORMATION

1. Full Name: _____
Social Security No.: _____ Date of Birth: _____
Home Address: _____

City State Zip County
() - () - () -
Telephone Fax Cell
E-mail address, if available: _____
2. Have you ever been licensed for any gaming or related activities in Washington State or any other state or jurisdiction?
☐ No ☐ Yes
If yes, was your application denied, or was your license revoked or suspended? ☐ No ☐ Yes
If yes, provide an explanation of the action on a separate sheet of paper. Include all dates and specifics.

EMPLOYMENT INFORMATION

3. Name of Employer: _____
Address: _____

City State Zip County
() - () - () -
Telephone Fax Cell
E-mail address, if available: _____
4. City Limits: ☐ Inside ☐ Outside
5. List all responsibilities, functions and duties you will perform.

6. List the details of any financial or ownership interest either you or your spouse may have in the distributor, manufacturer, service supplier, or linked bingo prize provider business.

Val#: _____ 211- _____
Amount: \$ _____
AGENCY USE ONLY
Date: _____

***** IMPORTANT *****

As part of this application, you are required to provide positive identification. Along with this application submit a copy of one of these official documents: a valid driver's license, a military identification card, a valid passport, or an alien registration card. You may also be required to submit fingerprints. If so, fingerprint cards, with instructions, will be sent to you.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

OATH OF APPLICANT

I declare under penalty, under the laws of the state of Washington, of perjury that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held and will be disclosed to the employer business. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I further understand that should any information provided on the application change or become obsolete and / or if any criminal or civil actions are filed against me, I must inform the commission and my employer. See WAC 230-04-022, 230-12-305, and 230-12-310. I understand that if I perform any of the duties as a gaming representative prior to receiving a license, the commission shall retain my entire license fee, whether or not I am granted a license as specified in WAC 230-04-220.

Signature

Date

EMPLOYER CERTIFICATION

I hereby authorize the applicant to submit this application to become:

- ☐ A representative for my manufacturing business.
- ☐ A representative for my distributing business.
- ☐ A representative for my service supplier business.
- ☐ A representative for my linked bingo prize provider business.

Signature of Owner, All Partners, or President(s)

Date

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